## SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Deta							
Public Employer: Hunterdon Central Regional High School					County: Hunterdon		
Employee Organization	Hunterdon Cent	unterdon Central Regional High School Administrators A			sociation Employees in Unit: 16		
Base Year Contract Term:	7/1/2011	6/30/2015	New Con	New Contract Term		6/30/2018	
Type of Settlement:	☐ Mediated SettlemenI ☐ F		Fact-Finder Recommendation		Voluntary Settlement		
			Co	luma A	Column	В	
				r - Total Costs revious agreement)	New Base Year - (First Year of Success		
Section II: Economic							
Item 1 Sal	ary		\$1,942,842	2	\$1,997,166		
item 2 Inc	rement						
<del>-</del>	gevity		\$34,350		\$33,250		
	ee Stipend		\$34,170		\$31,230		
Item 5		<del></del>		<del></del> :		<del></del>	
Item 6							
Item 7							
Item 8		<del></del>		<del></del> - :			
Item 10		_	<del></del>				
llem 11		<del></del>					
Item 12			ļ		<del></del>	<del></del>	
Any additional flores (is) on separate sh	eet	Additional Herss			<del>"</del> "		
	***	Additional lients					
Section III: Totals - Sum of costs in each column			\$2,011,362		\$2,061,646		
				Total)	(Total)		
				,	(1910)		
Section IV; Analysis of new success		====	ACCUMA COMM				
Total Base Year(previous agreement)			NEW AGRE	EMENT ANALYSIS			
***************************************	\$2,011,362	<u>:</u>					
Effective Date (m/d/vvyv)		7/1/2015	7/1/2016	7/1/2017			
Percent Increase		2.5	2.5	2.5			
Total cost of Increase		\$50,284	\$51,541	\$52,830			
Total base salary (successor agreement	)	\$1,997,166	\$2,042,532	\$2,090,562			
ection V: Impact of Settlem	ent - average annual l	Increase over term of ag	reement				
Percentage Impact (average per year ov	rer term of agreement)	2.50					
Dollar Impäci (average per year over ter	m of agreement)	\$51,552.00					
ection VI							
Health Insurance (Indicate costs essocia	fee oli secu misi	Beso Year	Year 1				
Cost of Health Plan		\$206,951	\$206,951				
Employee Contributions		\$95,086	\$96,964				
Prescription		\$48,088	\$53,454				
Dental	***************************************	\$16,635	\$16,635				
Vision	~~~~~	\$0	\$0				
The undersigned certifies th	at the foregoing figur	es are true and is awar	e that if any of the fo	oregoing items are faise	, s/he is subject to nunism	ent.	
ection VII					and the partitions		
Prepared by:	Gymlyn Corbin			Title: Business Administrator			
	11	A Print Name	0 .	2,1104			
	Dum	llan COM	Och	Dale:	9/11/2015		
	~ .A	Signature					